

With arthroscopic technique  
**Knee surgery need not incapacitate**

By Joanne Maliszewski  
staff writer

If you've ever wondered why professional athletes rarely let their injured knees put a permanent damper on their careers, it's thanks to arthroscopy, a revolutionary surgical technique that results in less pain, smaller incisions and shorter recovery time.



Dr. Edward Loniewski

an arthroscopy, the traditional knee surgery with the characteristic open, moon-shaped incision. Arthroscopy begins with three small, millimeter-sized incisions.

Most knee problems, Loniewski said, involves torn cartilage — a buffer zone between bones which causes tension and pressure.

"In all athletic endeavors this is very important," he said, indicating "that without cartilage, the bones rub together causing pain and eventually severe arthritis." The cartilage can tear in many different areas.

Before the arthroscopy's growing popularity in the late 1970s, major surgery was routine for torn cartilage and ligaments. In fact, once a person's knee cartilage was damaged, Loniewski said, most surgeons totally removed the meaty buffer zone.

"We used to take out the entire cartilage," he said "It really was a cardinal sin to leave any of the cartilage in. But then 10 to 15 years later there'd be more knee problems. They'd (patients) end up with degenerative arthritis."

THAT'S BECAUSE the knee's slow twisting motion eventually would create grooves on the bones without the benefit of the cartilage to soften the blow.

"That joint when twisting and turning has to be stable in every way," said the osteopath.

Now with the arthroscopy, a surgeon may have a birds-eye view of the particular knee joint injury and immediately correct it through the three small incisions.

While using the motorized scope to illuminate and magnify the knee's interior to see what injury the knee has suffered, the surgeon simultaneously uses small tools to cut away and suck up torn cartilage or built-up scar tissue.

"This is all 10 to 20 times magnified," Loniewski said, referring to looking through the arthroscope into a person's knee. "This way you can see the pathology (anatomic malfunctions) that can or cannot be present."

Although simpler than the traditional surgery, arthroscopy requires that a patient must be anesthetized before the routine tourniquet is placed at the top of the leg to cut off the blood supply into the damaged knee. This makes it easier to operate, and with the arthroscopy, easier to see the knee's interior.

Once that's accomplished, the knee is distended so the probers — tools such as scissors — can be inserted into the knee's problem area.

"With the arthroscopy, we can take out just the torn portion (of cartilage or ligament)," the osteopath said. "If we leave a small remnant of the cartilage, there'll still be a buffer zone."

ALTHOUGH ARTHROSCOPY costs approximately the same as the traditional surgery, the 45-minute procedure is less expensive in hospital costs to the patient. The majority of arthroscopies are performed on an out-patient basis with the patient spending the day of the surgery in the hospital.

But what makes arthroscopy so appealing, Loniewski said, is the actual recovery time for the patient, who before could have spent weeks on

crutches. In addition, he said, the arthroscopy prevents leg muscles from deteriorating after surgery because the patient can get up, walk and exercise.

But while that is appealing, Loniewski said, most patients have to be reminded that while the three small incisions don't look like much, the damage to the knee and the arthroscopic procedure are serious business.

"What Mother Nature first put there and we've damaged, a physician can do only some good," Loniewski said. "The knee is never the same. But arthroscopy lessens the disability."

As with most surgical procedures, arthroscopy has come a long way since its birth during World War I, said Loniewski, who's been mastering the procedure in the last three years. First used only as a diagnostic tool, and now additionally as a surgical method, arthroscopy now is being used on other joint operations — shoulders, elbows and hips.

"Not all orthopedic surgeons do arthroscopy," Loniewski admitted.

But for those surgeons like Loniewski, the procedure is constantly being upgraded and modified, and now with the scope, the knee's interior and the procedure used can be videotaped.

ON THE television screen, residents and surgeons may watch as Loniewski performs the minute details of scraping and cutting inside the patient's knee. But the monitor that's attached to the scope — extending inside the knee — provides the surgeon with a picture of what he is working on.



RANDY BORST/staff photographer  
The arthroscope is used to look inside joints to locate the damaged areas.

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